Disparities Elimination Committee Meeting
Thursday, September 21, 2023
9:30 a.m. – 11:30 a.m.
Microsoft Teams Meeting

Committee Members Present:	
Nikki LeClaire	James Velek
Alejandro Aguilera	Océane Lune
Jay Orne (co-chair)	Calvin Hillary Hylton
Tristian Sparks	Gage Urvina
Committee Members Absent:	
Sarah Schiele (co-chair)	
Guests:	
Jonathan Hanft, Hennepin County	Thomas Blissett, DHS
Joe Amrhein, NAE co-chair	Graham Harriman, NYC Planning Council
Aurin Roy, Hennepin County	Melanie Lawrence, NYC Planning Council
Aubrey Hagen, Hennepin County	
Hennepin County (Part A) Representative:	**DHS (Part B) Representative:**
Eriika Etshokin	Amy Miller
MDH (Prevention) Representative:	**MDH (Surveillance) Representative:**
McKinzie Woelfel	Hannah Giles (MDH – Epi)
MCHACP Staff:	
Audra Gaikowski, coordinator	Jeremy Stadelman, admin specialist (minutes)

Quorum Present? Yes

I. **Welcome and introductions**
   - Jay Orne called the meeting to order at 9:33 a.m. Introductions were made.

II. **Review, approval of minutes from July 20 meeting and proposed agenda**
   - The minutes from the July 20 meeting were reviewed and approved.
   - The agenda for the meeting was approved as written.

III. **NYC Planning Council- behavioral health directive presentation**
   Melanie Grace Lawrence, MPH & Graham Harriman
   - Melanie presented a PowerPoint presentation, titled ***The Behavioral Health Directive: Mental Health, Substance Use, Psychosocial Support Service Integration to Improve Client Outcomes*** (emailed to the committee on 9/21/23 from Audra)
     o Questions/comments:
       ▪ What do incentivized partnerships look like?
         - Scoring providers with wrap-around services higher.
         - Value based payment for providers with wrap-around services.
       ▪ Medicaid can be secretive and mired in governmental bureaucracy. Is there a way to circumvent the Medicaid barrier if a person coming out of prison needs access to unredacted records so that a provider could potentially help the client go to rehab or receive home health care?

- For the New York Medicaid program, it is at the State's discretion to share data. There is a process to request data, but it is incredibly long. If someone is mandated to treatment, that process happens outside of Ryan White and so our funding doesn't have anything to do with it. The health department would facilitate a data sharing agreement with whoever the Office of Medicaid is in your state to provide either annual or quarterly reports that match the clients in Ryan White to the clients in Medicaid. You can use this data to drill down on how having HIV and bipolar disorder, for example, impacts viral outcomes for the Medicaid population.
  - Data sharing really helps paint a much bigger picture and you can see where clients are falling through the cracks and what kind of interventions could be used to ensure that individuals don't fall through the safety net.
- How can you use data in order to meet the people where they're at?
  - Historically, a lot of Ryan White funding ends up in hospitals and centers where there's a lot of capacity, especially as HIV care has consolidated. So, a lot of those smaller community groups which we know are very effective at reaching people where they are but may not have a whole lot of resources or the ability to provide certain services either got pulled into the umbrella of a larger facility or agency or were just dismantled. To find a balance in this conversation there were efforts to make sure that Ryan White is funding organizations that are culturally inclusive and have a trauma lens. New York City is ensuring that they're investing in neighborhoods where there are high rates of HIV, while also supporting the idea that folks should be able to get care where they need it.
- What was the process like in developing the directive?
  - We started by researching the background before we brought it to committee, and we worked closely with the recipient in order to develop a draft document.
  - We asked a variety of experts on everything from creating safe spaces to talking about stigma and harm reduction.
  - We sat down in committee and reviewed a lot of data. The data analysts did an amazing job of presenting what was going on in the community.
  - Once we received all of that, we did line by line editing of the document.
  - The document was then shared with a couple of individuals to do a closer read. That resulted in stronger language being added around the strategies that committee members felt would have the most impact.
  - The directive has since gone before both the committee and the council for consideration. Additional changes are expected before the directive is finalized.
- Jay found it particularly interesting that the draft directive came from staff and the recipient itself.
  - New York worked closely with the recipient to develop the draft because they wanted it to be implementable. Plus, the recipient has to be on board. If a directive is implemented poorly, it doesn't go anywhere.
- Jay noted that one of the things that could help those needing mental health care is having an advocate with the person who is able to help coordinate care, follow

up, and make connections to some of the non-Ryan White services that are being offered to folks because we're a payor of last resort.

- Graham and Melania agreed that peer support and navigation is a crucial part of the New York City directive.

■ How were the New York City Mayor and the Mayor's Office of Community Health involved in this process?

- The New York City Ryan White jurisdiction has the largest Part A grant by far and so we don't work directly with the mayor's office. However, for a lot of providers and administrators supporting mental health services, HIV is just not on their radar. So, it's important to step back, look at who the players are, look at who needs to be in the room in order to create the best possible service for people with HIV, and figure out how to get them to the table. Often, it's people that you haven't met yet or you don't know about, but establishing these relationships can help push things forward in a way that you otherwise couldn't. For example, do you know who's the head of the Office of Medicaid? How do they handle data?

IV. ESCALATE Training presentation
Aurin Roy and Jospeh Amrhein

- Aurin and Joe presented a PowerPoint presentation titled **ESCALTE Report Back** (emailed to the committee on 9/21/23 from Audra)
  - ○ Questions:
    - ■ Jay wondered what are the most interesting anti-stigma interventions or ideas that they heard at the conference.
      - When presenting data, some groups are put into an "other" category, but this can be exclusionary. This is particularly true for Native Americans. "What good is a land acknowledgement if Native American individuals are not in the data or allowed at the table?"
        - ○ Jay noted that data scientists are sometimes unable to present on Native American individuals within their data because of rules around small case sizes and the confidentiality of particular cases. This is a challenge for data analysts.
    - ■ Tristian explained that there is still a lot of stigma within the Black/African American community around being gay and having HIV, especially in the South and within churches.
    - ■ Nikki noted that there's a lot of prejudice in general for people of color in Northern Minnesota. "So, you see people who are afraid that if they have a positive test or reactive test that they're dying, they think it's really the end of their lives and so catastrophic. Education is so important up here because it's not the end of your life. There's so much support you can receive, but people just don't know that, and I hope that Indigenous tribes can work with governments to get more adequate funding because they really know the best way to serve their own communities."
    - ■ Alejandro would like to get a follow up on what Aurin and Joe have done locally after the training. What have you accomplished? Where are you going with this? What barriers did you find?
    - ■ Calvin stressed that for many organizations, the talk of equity (within the context of request for proposals) is often just to check the box. "So, I think we have to be very

careful that while our intentions are good in implementing those things, we have to make sure that it doesn't just become another rubber stamp moment."

V. New business / Unfinished Business
- None

VI. Set agenda for August meeting
- Combined PAC, DEC and NAE meeting on October 25, 9:30 -11:30am; DEC will not meet at its normally scheduled time.
- November:
  - Update on a previous housing directive issued from the committee
  - Using data for Native American and Alaska Native populations
  - Follow up on the New York City Planning Council's mental health directive

VII. Announcements
- None.

VIII. Adjourn
- Jay Orne adjourned the meeting at 11:52 a.m.

Meeting Summary
- The committee received a presentation from the New York City Planning Council on its development of a mental health directive.
- The committee received a presentation on the ESCALATE training the Aurin Roy and Joe Amrhein attended.

Documents shared before the meeting:
- 2023.09.21 DEC agenda
- 2023.08.17 DEC minutes
- FY2023 DEC workplan

Documents shared during the meeting:
- PowerPoint presentation, titled The Behavioral Health Directive: Mental Health, Substance Use, Psychosocial Support Service Integration to Improve Client Outcomes
- PowerPoint presentation titled ESCALTE Report Back

JS/ag